

**EL PASO POLICE  
CITIZEN POLICE ACADEMY  
APPLICATION FOR ENROLLMENT**

APPLICANT MUST BE 18 YEARS OF AGE TO APPLY (NO HIGH SCHOOL STUDENTS). PLEASE BE SURE TO COMPLETE THE ENTIRE APPLICATION AND RETURN TO ANY POLICE REGIONAL COMMAND OR POLICE HEADQUARTERS.

Start Date: February 10, 2015

**PLEASE PRINT CLEARLY.**

**PERSONAL:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
*Last, First, MI mm/dd/yy*

ADDRESS: \_\_\_\_\_  
*Street # Street name Apt Zip*

PHONE: (\_\_\_\_)\_\_\_\_/(\_\_\_\_)\_\_\_\_/(\_\_\_\_)\_\_\_\_/(\_\_\_\_)\_\_\_\_  
*Night Time Day Time Cell Other*

TX DRIVERS LICENSE #: \_\_\_\_\_ TX ID CARD #: \_\_\_\_\_

E-MAIL ADDRESS (For contact/information only): \_\_\_\_\_

**EDUCATION:**

Highest education completed: highest grade completed 6 7 8 9 10 11 12 HS grad.\_\_\_\_ GED\_\_\_\_

College: Fr. Soph. Associate Degree Jr. Grad. Graduate School

Degree /Major(s) \_\_\_\_\_

**EMERGENCY CONTACTS:**

List two immediate family members or friends that we can contact in the event of an emergency.

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #S: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #S: \_\_\_\_\_

**PLEASE REVIEW THE APPLICATION TO ENSURE YOU HAVE ENTERED ALL REQUESTED DATA.**

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE